Substitute form 1449/PTO						Complete if Known					
INFORMATION DISCLOSURE						Application Number	U	nknown			
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STATEMENT BY APPLICANT						First Named Inventor	M	Marco M. Rengan, et al.			
						Group Art Unit	U	Unknown			
						Examiner Name	U	Unknown			
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Examiner Initials IDS Doc # Include the name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published										English Translation	
Examiner Signature Amnlung Honum Date Considered 1/										22/04	

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